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CONFIRMATION NO. 5520

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|--|---|-------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/665,467   | <b>FILING OR 371(c) DATE</b><br>09/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>156           | <b>GROUP ART UNIT</b><br>1733   | <b>ATTORNEY DOCKET NO.</b><br>0671/8 |                                |
| <b>APPLICANTS</b><br>Ben E. Boatwright, Cartersville, GA;<br>Kelly Huddleston, La Junta, CO;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/12/2003   |   |                               |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>5             | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>MASON, MASON & ALBRIGHT<br>2306 South Eads Street<br>P.O. Box 2246<br>Arlington, VA22202   |   |                               |   |                                      |                                |
| <b>TITLE</b><br>STITCHLESS ON-SITE BINDING APPLICATION METHOD  |   |                               |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>1065   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |

cwl  
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